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ABSTRACT

Few empirical studies have been conducted to determine the characteristics and functioning of Adult Children of Alcoholics (ACoAs). This study examined the emotional and behavioral wellness of college students (N=253) raised in a variety of family environments with varying levels of healthy/unhealthy functioning. For the purposes of this study emotional wellness was defined as the level of self-esteem and the degree of internal or external locus of control reported by the participant. Behavioral wellness was defined as the ability to cope with oneself and to cope with one's environment. Participants completed instruments assessing self-esteem, coping, family functioning, and locus of control. Overall, participants from non-alcoholic-healthy families and the non-parental dysfunction-healthy families reported the least amount of stress-related family experiences; the alcoholic-unhealthy families and the parental dysfunction-unhealthy families reported the greatest degree of disturbance. The statistical analyses provided evidence to suggest that the level of functioning within a family and the presence or absence of parental dysfunction were associated with lower levels of self-esteem in young adult offspring. Participants who reported a problem drinking parent were not significantly different from those with no problem drinking parent on any of the dependent measures. (ABL)

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EFFECTS OF FAMILY DYSFUNCTION AND PARENTAL PROBLEM DRINKING ON ADULT OFFSPRING

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INTRODUCTION

Few empirical studies have been conducted to determine the characteristics and functioning of Adult Children of Alcoholics (ACoAs). The available literature is largely based on clinical observation of ACoAs who have sought mental health treatment, which is only a subsample of the larger population. Therefore, the theories and conceptualizations as to common issues of ACoAs may not be viewed as representative of the entire ACoA population. Furthermore, few studies have considered differences between ACoAs as compared to other adults from dysfunctional families where the dysfunction is not alcohol-related. Are ACoAs simply a subpopulation of those raised in dysfunctional homes? More generally, is the emotional wellness of young adults from families with parental problem drinking, chronic illness, prolonged disability or unhealthy functioning families negatively affected by their early family environment?

Purpose of the Study

The purpose of this research project was to examine the emotional and behavioral wellness of adults raised in a variety of family environments, with varying levels of healthy/unhealthy functioning. For purposes of this study, emotional wellness was defined as the level of self-esteem and the degree of internal or external locus of control reported by the participant. Behavioral wellness was defined as the ability to cope with oneself and to cope with one's environment.

Research Questions

The specific questions addressed in this study were:

1. How do ACoAs and their families differ from non-ACoAs and their families with regard to demographic factors? Specifically, how do they compare in terms of the number of alcoholic grandparents, chronic parental illnesses other than alcoholism, participant's own use of alcohol and other substances, and previous professional counseling and/or self-help group attendance?
2. How do healthy families differ from unhealthy families on the demographic factors listed in question one?
3. Do participants differ on the dependent measures of self-esteem, locus of control and adaptive coping behaviors by the presence or absence of parental problem drinking and healthy or unhealthy family functioning?
4. Do participants differ on the dependent measures by the presence or absence of parental dysfunction (chronic illness or disability of more than six months) and healthy or unhealthy family functioning?

METHODOLOGY

Subjects

Participants were 271 students of approximately 385 enrolled in one of two undergraduate courses at a large midwestern state university (20,000 undergraduate students). These courses historically have consisted of students who are representative of

the general student population with the greatest number being sophomores and juniors. The student body is predominantly white with smaller proportions of Asians, Blacks and Hispanics.

Participants ranged in age from 18 to 43, with a median age of 23. Due to the nature of this study, only data from subjects age 24 and younger were used for statistical analysis. Of the 271 participants, 18 were above the age of 24. Therefore, the final sample consisted of 253 participants. Of these 253 students, 154 (60%) were female and 99 (40%) were male.

Participation was voluntary and the students were not compensated for their time in any manner. The questionnaires were administered during regularly scheduled class time.

Instruments

Demographic data concerning age, sex, family history and previous counseling experiences were requested from each student. In addition, each completed four commercially produced instruments which included, *Coopersmith's Self-Esteem Inventory (Coopersmith, 1975), The Coping Inventory (Zeitlin, 1985), The Family Assessment Device, Version 3 (Epstein, Baldwin, & Bishop, 1982), and The Modified Version of Rotter's Locus of Control (Lumpkin, 1985). Reliability coefficients for these measures have been reported as .82, .93, .96, and .55, respectively. (The low alpha level of the locus of control measure may be due to the limited number of test items.) The psychometric information on these instruments reports the validity of these measures as good.*

Procedures

The researcher administered the instruments in nine different settings. However, all students were provided with the same information across settings so that variance in testing procedures was minimal.

To adequately answer the research questions of this study, the data were grouped according to three independent measures. First, participants were divided into two groups depending upon their response to question 3 on the demographic questionnaire. This question asked participants if either or both of their parents have a drinking problem. Those who responded positively were considered Adult Children of Alcoholics (ACoAs). Those who responded negatively were classified as Adult Children of Non-Alcoholics (non-ACoAs). In this study, no assessment was made as to whether the problem drinking parent was in fact alcohol dependent or an alcohol abuser.

Secondly, the general functioning score of The Family Assessment Device (FAD) was used to separate participants into either the healthy family group (mean score ≤ 2.0) or the unhealthy/dysfunctional family group (mean score > 2.0). The cutoff score of 2.0 was determined by Miller, Bishop, Epstein and Keitner (1985).

Thirdly, the participants were grouped according to their responses on questions 3, 18 and 19 of the demographic questionnaire. These three questions inquired into the

presence/absence of parental problem drinking, physical and emotional illnesses and disability lasting for more than a six month period. Those who responded positively to any of the three questions were considered to be in the "parental dysfunction group" and those who responded negatively to all three of the questions were considered to be in the "no parental dysfunction group".

The independent measures of family functionality, parental problem drinking, and parental dysfunction were determined according to the criteria previously explained. Differences between and among these groups were analyzed using a two-way MANOVA with the independent measures of parental problem drinking (present, absent) and family functionality (healthy, unhealthy) and the dependent variables (overall scores on measures of self-esteem, locus of control and adaptive coping behavior) to test for significant effects. A second two-way MANOVA with the same dependent measures and the independent measures of parental dysfunction (present, absent) and family functionality (healthy, unhealthy) was used to address the fourth research question.

RESULTS

Research Question One

Forty of the 253 participants answered the question, "Do either of your parents have a drinking problem?" positively, while 213 responded negatively. Approximately one out of six respondents reported a problem drinking parent(s). It is

believed that 10% of the adults in the United States are alcohol abusers or alcohol dependent (National Institute on Alcohol Abuse and Alcoholism, 1990). In this study, 15.8% of the sample reported a problem drinking parent which is higher than current national statistics. Participants from alcoholic families reported alcoholic fathers ten times as often as alcoholic mothers. Current figures estimate the ratio of male to female alcohol dependent or alcohol abusers as 17% for males and 6% for females, which is almost a 2 to 1 ratio (National institute on Alcohol Abuse and Alcoholism, 1990). The number of reported problem drinking mothers in this sample is unusually low and may be due to a reluctance in recognizing and/or admitting that female alcoholism does exist. ACoAs also reported that their grandparents were alcoholic at least twice as often as did the non-ACoA sample. More of the ACoA participants reported personal problems with substance abuse than did the non-ACoAs. Both populations reported equal numbers of parents with chronic illnesses other than alcoholism. Lastly, parental disability was twice as high in the alcoholic families.

Research Question Two

Of the 253 participants, 144 (56.9%) rated their families as healthy on the FAD as compared to 109 (43.1%) who rated their families as unhealthy. Normative data as to the percentage of families falling within the unhealthy range of the FAD are reported as ranging from 19-36% for non-clinical families and a

range from 32-54% for psychiatric families (Miller, Bishop, Epstein, & Keitner, 1985). The percentage of families scoring in the unhealthy range in this study was 43% which appears quite high for this population. However, Miller et al. (1985) maintain that "a substantial proportion of families without an identified problem will manifest some dysfunction on one or more dimensions" (p. 353) Possibly, this higher than expected proportion indicates that college students tend to view their families in a more negative light than would the general population of adults. In comparing participants from healthy versus dysfunctional family systems, those scoring in the unhealthy family range on the FAD reported almost twice as many alcoholic parents as did the participants scoring in the healthy family range. Furthermore, the onset of the alcoholism occurred earlier in the participants' childhood for those from unhealthy families. Also participants from unhealthy families reported twice as many personal substance abuse problems than did participants from healthy families. Surprisingly, more chronic illness was present in the healthy family group, but an equal percentage of parental disability was reported in the two groups.

Research Question Three

Of the 253 participants, 16 self-identified as adult children of alcoholics who perceived their family as healthy (ACoA-H), 24 as adult children of alcoholics who perceived their family as unhealthy (ACoA-U), 128 adult children of

non-alcoholics who perceived their family as healthy (non-ACoA-H), and 85 as adult children of non-alcoholics who perceived their family as unhealthy (non-ACoA-U). Table 1 shows the breakdown into the four family groups.

Insert Table 1

Of the forty participants who identified a problem drinking parent, 16 were healthy functioning families while the remaining 24 scored in the dysfunctional range of the FAD. This finding disputes the earlier, widespread belief that all alcoholic families are dysfunctional or unhealthy. It supports the work of Brown (1988) and Steinglass, Bennett, Wolin and Reiss (1987) who have observed that not all alcoholic families organize themselves around the problem of alcohol and are, therefore, able to maintain healthy functioning.

The results of a two-way MANOVA, with parental alcoholism and family functionality as independent measures, indicated no significant interaction effect ($F(3, 247) = .84$, $p>.05$). In looking at the two main effects, the parental alcoholism effect was not significant ($F(3, 247) = 1.88$, $p>.05$), but the family functionality effect was significant ($F(3,247) = 5.69$, $p<.001$). Follow-up tests revealed that the variable of self-esteem contributed the most to the significant family functioning effect ($F(3,247 = 17.21$; $p<.0001$). See Table 2.

Insert Table 2

One can conclude from these analyses that participants from healthy families had significantly higher self-esteem than did the participants from unhealthy families. No differences were apparent on the dependent measures of locus of control and adaptive coping behavior by parental problem drinking. Furthermore, no significant differences were evident on the dependent measures when comparing the responses of ACoAs and non-ACoAs.

Research Question Four

There were 69 participants who reported parental dysfunction (parental problem drinking, emotional or physical chronic illness, or prolonged disability), with 50% falling within the unhealthy family range and the other 50% within the healthy family range. As Table 3 indicates, half of the families dealing with parental dysfunction were able to maintain healthy functioning despite the added stress that generally accompanies dysfunction.

Insert Table 3

Participants from families with parental dysfunction reported a higher incidence of problematic drinking among their grandparents. Those from the parental dysfunction-unhealthy family group reported the greatest percentage of personal substance abuse problems, the greatest percentage of those who have received treatment for their problem and the greatest percentage of attendance at self-help groups.

A two-way MANOVA with the independent variables of parental dysfunction (present, absent) and family functionality (healthy, unhealthy) revealed no significant interaction effect. However, both main effects were significant ($p<.001$) as indicated in Table 4.

Insert Table 4

Participants from families with parental dysfunction reported lower levels of self-esteem than did participants from families with no parental dysfunction. Also, as indicated earlier in this text, those from healthy families were significantly higher in their reported level of self-esteem as compared to participants from unhealthy families. No significant differences were found on the dependent measures of locus of control and adaptive coping behavior s.

Summary of Results

Overall, the participants from non-alcoholic-healthy families and the non-parental dysfunction-healthy families reported the least amount of stress-related family experiences with the alcoholic-unhealthy families and the parental dysfunction-unhealthy families reporting the greatest degree of disturbance. The statistical analyses provide evidence to suggest that the level of functioning within a family and the presence or absence of parental dysfunction were associated with lower levels of self-esteem in young adult offspring. Participants who reported a problem drinking parent were not

significantly different from those with no problem drinking parent on any of the dependent measures.

DISCUSSION

The purpose of this study was to compare undergraduate participants from a variety of family backgrounds to determine differences not only between ACoAs and non-ACoAs but also to consider the effects of two additional family variables. These two variables, parental dysfunction and family functionality, are important factors that have not been considered in previous studies. The results of this study provide evidence to suggest that Adult Children of Alcoholics do not have lower self-esteem than Adult Children of Non-Alcoholics. However, the variables of family functionality (healthy, unhealthy) and parental dysfunction (parental problem drinking, chronic illness or disability) within the family of origin were associated with lower levels of self-esteem in adult offspring. These two family variables appeared to have a greater effect on observed differences within the sample population than did parental problem drinking.

The widespread belief that ACoAs suffer negative consequences due to their early family environment was not substantiated in this study. ACoAs were no different on any of the three dependent factors (self-esteem, locus of control, and adaptive coping behaviors) than were the non-ACoA participants. More important, however, is the finding that unhealthy

functioning within the family and the presence of parental dysfunction do have detrimental effects on offspring. These findings suggest that rather than focusing attention and research effort on a particular population, such as Adult Children of Alcoholics, it may be more appropriate to maintain a general focus on the effects of family functioning and family environment.

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Table 1 Self-Report of Participants by Alcoholic or Non-alcoholic Family of Origin and Healthy or Unhealthy Family Functioning

	Family of Origin		
Functioning	Alcoholic	Non-alcoholic	Total
Healthy	16 (6.3%)	128 (50.6%)	144 (56.9%)
Unhealthy	24 (9.5%)	85 (33.6%)	109 (43.1%)
Total	40 (15.8%)	213 (84.2%)	

Total N = 253.

Table 2 Two-Way ANOVAs (Parental Alcoholism by Family Functioning) on Each of the Dependent Measures of Self-Esteem, Locus of Control and Adaptive Behaviors

Source of Variation	SS	DF	MS	F
Self-Esteem				
Parental Alcoholism	1672.90	1	1672.90	5.57
Family Health	5172.55	1	5172.55	17.21**
Alcohol by Health	373.63	1	300.64	1.24
Within Cells	74831.52	249	300.53	
Locus of Control				
Parental Alcoholism	1.51	1	1.51	.14
Family Health	14.03	1	14.03	1.34
Alcohol by Health	9.21	1	9.21	.88
Within Cells	2602.17	249	10.45	
Adaptive Coping Behavior				
Parental Alcoholism	.15	1	.15	.17
Family Health	.42	1	.42	.48
Alcohol by Health	1.18	1	1.18	1.35
Within Cells	218.28	249	.88	

Self-Esteem = Coopersmith's Self-Esteem Inventory

Locus of Control = The Modified Version of Rotter's Locus of Control

Adaptive Coping Behavior = The Coping Inventory

**$p < .001$

Table 3 Participants' Report of Parental Dysfunction (alcoholism, illness, & disability) by Healthy or Unhealthy Family Functioning

	Parental Dysfunction		
Family Type	Yes	No	Total
Healthy	35 (13.8%)	109 (43.1%)	144 (56.9%)
Unhealthy	34 (13.4%)	75 (29.7%)	109 (43.1%)
Total	69 (27.2%)	184 (72.8%)	

Note. Parental dysfunction refers to participants' report of parental alcoholism, chronic illness, or disability (responses to questions 3, 18, & 19 of the demographic form)

Table 4 Tests of Significance and Sources of Variation

Source of Variation	SS	DF	MS	F
Self-Esteem				
Chronic illness	3167.64	1	3167.64	10.89**
Family health	8752.85	1	8752.85	30.10**
Chronic by health	893.19	1	893.19	3.07
Within cells	72410.75	249	290.81	
Locus of Control				
Chronic illness	35.88	1	35.88	3.50
Family health	24.97	1	24.97	2.43
Chronic by health	18.57	1	18.57	1.81
Within cells	2554.18	249	10.26	
Adaptive Coping Behavior				
Chronic illness	.82	1	.82	.94
Family health	1.09	1	1.09	1.26
Chronic by health	2.14	1	2.14	2.47
Within cells	216.38	249	.87	

**$p<.001$